Volunteer Application

First Name:	Middle Name: L		Last Name:	ast Name:	
Address:	City:		State:	Zip:	
Primary Phone No.		Alternate Phone No.			
Social Security No. (required for background check)		Email Address:			
Date of Birth: (required for background check)					
Have you ever been convicted of a felony or are any felony charges now pending against you?		Please explain any pending felony convictions:			
Have you ever been convicted or are any charges now pending against you by Federal, State, or other lawenforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance:		If yes, please explain:			
Are you now, or have you been within the last ten (10) years, been a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives been the overthrow of the government of the United States or the government of the State of Georgia by force or violence?		If "Yes," state the name of the organization and your past and present membership status, including any offices held therein.			
Have you ever been discharged or forced to resign from employment?			Are you 16	years of age or older?	
Do you currently have a valid driver's license?		Do you currently have a valid GA Commercial driver's license?			
Current Licenses/Certificates Held:	Issued By:		Expiration Date:		
Educational Institutions					
Name of School:	City:		State:	State:	
Level HS, College, etc:	Major if applicable:		Did yo	u graduate?	
Degree (if applicable):	If no degree received, number of years completed:		Last Da	ate Attended (blank if still ng):	

Name of Reference:	Title:	Company:	Phone No:		
Name of Reference.	Title.	Company.	Flione No.		
Address:		How do you know this reference?			
Name of Reference:	Title:	Company:	Phone No:		
Address:		How do you know th	is reference?		
Address:		How do you know this reference?			
Name of Reference:	Title:	Company:	Phone No:		
Address:		How do you know th	nis reference?		
Skills, Knowledge & Al	bilities				
Do you have supervisory experience?		If yes, please give de	If yes, please give details.		
reports or investigative c and sexual offender statu involve significant fiscal You hereby authorize the after execution of this au agency contacted by this furnish the above mentio signature shall be accepted	onsumer reports may be request and may involve public recoversight, we will conduct a cobtaining of such consumer thorization. By signing below employer, or the consumer red information. You also aged with the same authority as a, or Oklahoma applicants only,	reports and investigative of w, you hereby authorize with eporting agency acting on gree that a fax or photocopy is the original.	thout reservation, any party or behalf of the employer, to y of this authorization with your		
	s only, if public record information record information unless you check		umer reporting agency, you will be obtain a copy of the report.		
BY SIGNING BELOW,	I certify that I have read and	agree with these statement	ts.		
Applicant's Name	Applicant's Sign	ature	Date		
³ ax both completed pages	to UGA HR at 706-542-328	44			
Sent by:Name		nnty Office/Unit/Dept.	Email Address		
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